U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application of information unless if displays a valid OMB control number.

Application of the Paper of the Comment of the Co PTO/SB/06 (08-03) Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FÖR NUMBER FILED NUMBER EXTRA RATE BASIC FEE FFF RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR.1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 a OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(d)) OR if the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Cotumn 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-TIONAL ENDMENT AFTER RATE ADD1iom PREVIOUSLY EXTRA AMENDMENT TIONAL PAID FOR FEE FEE OF CFR 1.16(d) x + 25 x4 50 OR Independent (37 CFR 1.1603) × JOC 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) +2/80 +,360 OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAMS HIGHEST m REMAINING NUMBER PRESENT RATE ADOI-TIONAL EN AFTER RATE ADDI-TIONAL PREVIOUSLY EXTRA AMENDMENT PAID FOR FEE Total CW CFR LINCO FEE ENDM Hins 包 OR Independent pr ciri 1,1600 Mirus IDD × OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) +18Q +.360 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST ပ NUMBER PREVIOUSLY PRESENT RATE ENT RATE ADDL AFTER **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Wines Total OF OFR 1.15(c) AMENDM Independent DF CFR 1.16(v) Minus :1M FIRST PRESENTATION OF MATPLE DEPONDENT CLAIM (07 OFR 1.1600) +360 OR ADD'S FEE OR ADD'L FEE

If the entry in cotums 1 is loss than the entry is column 2, write, TV, in spignon 3...

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete (its form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.